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CONFIRMATION NO. 7014

|   |   |                               |   |                                |
|---|---|-------------------------------|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/624,658  | <b>FILING OR 371(c) DATE</b><br>07/21/2003<br><b>RULE</b>   | <b>CLASS</b><br>380           | <b>GROUP ART UNIT</b><br>2132   | <b>ATTORNEY DOCKET NO.</b>     |
| <b>APPLICANTS</b><br>Wolfgang S. Hammersmith, Seattle, WA;<br>Lance R. Gaines, Orting, WA;<br>Rod G. Nicholls, Seattle, WA;<br>Byron T. Shank, La Grange, IN;   |   |                               |   |                                |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/397,113 07/19/2002<br>and is a CIP of 10/622,338 07/18/2003  |   |                               |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 10/21/2003   |   |                               |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged <u>                    </u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>WA | <b>SHEETS DRAWING</b><br>2  | <b>TOTAL CLAIMS</b><br>20      |
|   |   |                               |   | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Wolfgang S. Hammersmith<br>4507 Pacific Highway East, Suite D<br>Tacoma, WA98424  |   |                               |   |                                |
| <b>TITLE</b><br>Cryptographic key distribution using key unfolding  |   |                               |   |                                |
| <b>FILING FEE RECEIVED</b><br>440   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |                                |